

Date of Report   
mm/dd/yy

**A. CONTACT INFORMATION - IMPORTER** (this information will be kept confidential)

CONTACT  PHONE   
 COMPANY  FAX   
 ADDRESS  E-MAIL   
 CITY  STATE  ZIP

**B. CONTACT INFORMATION - IMPORT BROKER** (this information will be kept confidential)

CONTACT  PHONE   
 COMPANY  FAX   
 ADDRESS  E-MAIL   
 CITY  STATE  ZIP

**C. DESCRIPTION OF GOODS**

**1. TYPE OF GOODS - check box that most applies**

- Crude Agricultural Product
- Bulk Food Ingredient/Dietary Ingredient
- Bulk Food or Dietary Supplement
- Retail Packaged Food or Dietary Supplement
- Other (please describe below)

**2. CATEGORY OF GOODS - check all that apply**

- Vitamins
- Minerals
- Proteins/Amino Acids
- Botanical/Fungal/Algal
- Misc. Nutraceutical
- Other (please describe below)

**3. Name or Description of Goods**

**4. Quantity of Goods**

## D. IMPORT DETENTION INFORMATION

**1.**

FDA Product Code

Country of Export

Port of Entry

**2.**

**Shipping Method**

Ocean Shipping

Air Shipping

Mail Service

**3.**

**Agency**

CBP

DEA

FDA

USDA

Other (please insert below)

Compliance Officer Name

**4.**

Date of Arrival  Date on Hold

Date Dispositioned

**5.** Reason Given for Hold (cite specific law, regulation, import alert, etc.)

**6.**

**Final Disposition of Entry**

Released

Destroyed

Reprocessed

Re-Exported

Other (Describe below)

## E. VALUATION

Wholesale Value of Shipment (USD)

Estimated Direct Costs Due to Hold (USD)

Estimated Indirect Costs Due to Hold (USD)

## F. AGENCY REQUESTS/DEMANDS (check all that apply)

- Submission of Documents
- Submission of Data
- Submission of Bulk Labels/Labeling
- Submission of Retail Labels/Labeling
- Submission of Downstream Domestic US Shipping
- Submission of Info About Downstream Customers
- Revision of Website
- Revision of Labels/Labeling
- Independent 3rd Party Testing
- Independent 3rd Party Sampling
- None
- Other (Please describe below)
-

**G. AGENCY ACTIONS TAKEN** (check all that apply)

- Agency Exam of Goods
- Agency Sampling of Goods
- Agency Testing of Goods
- Agency Exam of Website
- None
- Other (Please describe below)

**H. ACTIONS TAKEN** (by importer or broker to secure release of entry) (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Submitted Documents  | <input type="checkbox"/> Independent 3rd Party Testing         |
| <input type="checkbox"/> Submitted Data   | <input type="checkbox"/> Independent 3rd Party Sampling        |
| <input type="checkbox"/> Submitted Importer's Retail Labels/Labeling                | <input type="checkbox"/> Face-to-Face Meeting With Agency      |
| <input type="checkbox"/> Submitted Customer's Retail Labels/Labeling                | <input type="checkbox"/> Contact Higher Level Agency Personnel |
| <input type="checkbox"/> Submitted Customer's Bulk Labels/Labeling                  | <input type="checkbox"/> Consultation With Attorney            |
| <input type="checkbox"/> Submitted Importer's Bulk Labels/Labeling                  | <input type="checkbox"/> Consultation With Trade Association   |
| <input type="checkbox"/> Provided Information About Downstream Domestic US Shipping | <input type="checkbox"/> None                                  |
| <input type="checkbox"/> Provided Information About Downstream Customers            | <input type="checkbox"/> Other (Please describe below)         |
| <input type="checkbox"/> Revision of Labels/Labeling/Website                        |  |

**I. CHANGES PROMPTED BY AGENCY INTERVENTION**

- |   |  |
|---|--|
| <input type="checkbox"/> Revision of Importer's Labels/Labeling/Website | <input type="checkbox"/> Permit Obtained               |
| <input type="checkbox"/> Revision of Customer's Labels/Labeling/Website | <input type="checkbox"/> None                          |
| <input type="checkbox"/> Reconditioning of Goods                        | <input type="checkbox"/> Other (Please describe below) |

## J. IMPORTER SATISFACTION

### 1. How Promptly Did The Agency Respond To Your Communications, Whether Via Phone Or Fax?

- 1 - Within 2 Days     2 - Within 1 Week     3 - Within 2 Weeks     4 - Within 1 Month     5 - Longer than 1 month Or Non-Responsive

### 2. How Promptly Did The Agency Respond To Your Requests For Meetings?

- 1 - Within 2 Days     2 - Within 1 Week     3 - Within 2 Weeks     4 - Within 1 Month     5 - Longer than 1 month Or Non-Responsive

### 3. Were Agency Personnel Respectful and Courteous?

- 1 - Highly Respectful/ Courteous     2 - Somewhat Respectful/ Courteous     3 - Neutral     4 - Somewhat Disrespectful/ hostile     5 - Highly Disrespectful/ Hostile

### 4. Was The Agency Knowledgeable And Helpful In Explaining The Legal, Regulatory, and/or Technical Issues Involved In The Detention?

- 1 - Very Knowledgeable & Helpful     2 - Somewhat Knowledgeable & Helpful     3 - Neutral     4 - Not Very Knowledgeable & Helpful     5 - Ignorant Or Extremely Unhelpful

## K. COMMENTS

Please put any additional comments below:

Click below to submit this information to AHPA by Email

Click below to print and send to AHPA by fax: 301.588.1174